Journal of the American College of Cardiology
Vol. 39, No. 8, 2002

ISSN 0735-1097/02/$22.00
Published by Elsevier Science Inc.

CORRECTIONS

Stress Echocardiography Following the Arterial Switch Operation for D-Transposition of the Great Arteries. Abstract—Pediatric Echocardiography and MRI, Session 1167-97. J Am Coll Cardiol 2002;39:410A.

This abstract was presented at the 51st Annual Scientific Session of the American College of Cardiology, Atlanta, Georgia. The abstract printed in the issue was incorrect. The correct abstract is printed below.

1167-97 **Stress Echocardiography Following the Arterial Switch Operation for D-Transposition of the Great Arteries**

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Background: Although the arterial switch operation (ASO) for D-transposition of the great arteries (D-TGA) has been highly successful, questions remain concerning the potential for myocardial ischemia in these patients (pts). The appropriate test to detect ischemia in ASO pts has not been established. Thallium scans often show non-clinical perfusion abnormalities. Stress echocardiography (SE) is commonly used to detect ischemia in adults but there is limited experience in ASO pts. We sought to determine outcome and the feasibility of performing SE in pediatric pts following ASO. **Methods:** All single stage ASO pts greater than 6 yrs of age were eligible. A treadmill exercise test was performed using the Bruce protocol. The SE protocol consisted of parasternal and apical views at rest and immediately following peak exercise. Wall motion was jointly interpreted by an adult and pediatric echocardiographer. Heart rate and endurance were compared to 32 age matched historical controls with no underlying heart disease. **Results:** SE was successfully completed in 23 of 25 pts (92%) post ASO repairs. The mean age was 9.4 yrs (range 6.8–15 yrs). The resting ECG was normal in 23 of 25 pts. The mean peak heart rate achieved was 187 in the ASO pts compared with 191 in the control group (P=NS). Exercise endurance was normal for age in 22 of 23 pts (96%). There was no ECG evidence of ischemia or arrhythmias during the test. Diagnostically adequate SE images were obtained in all pts. Resting wall motion was normal in 22 of 23 pts (96%). One pt had evidence of a septal hypokinesis on rest and stress images secondary to volume overload. The remaining pts had normal echocardiographic augmentation of all left ventricular segments and no evidence of exercise induced ischemia. There have been no cardiac events during a mean follow up of 5 months. **Conclusion:** This study demonstrates: (1) feasibility of SE in children and (2) normal endurance and no provokable wall motion abnormalities in this small cohort of pts. Longer follow up is required to determine the sensitivity of SE for detection of ischemia post ASO.

PII S0735-1097(02)01844-2

Kennon S, Barakat K, Hitman GA, Price CP, Mills PG, Ranjadayalan K, Cooper J, Clark H, Timmis AD. Angiotensin-Converting Enzyme Inhibition Is Associated With Reduced Troponin Release in Non–ST-Elevation Acute Coronary Syndromes. J Am Coll Cardiol 2002;38:724–8.

PII S0735-1097(02)01846-6

Barakat K, Kennon S, Hitman GA, Aganna E, Price CP, Mills PG, Ranjadayalan K, North B, Clark H, Timmis AD. Interaction Between Smoking and the Glycoprotein IIIa $P1^{A2}$ Polymorphism in Non–St-Elevation Acute Coronary Syndromes. J Am Coll Cardiol 2002;38:1639–43.

PII S0735-1097(02)01847-8

For the two articles outlined above, please note that "all aspects of this study received approval from the local ethics committee and written consent from the patients, except the genetic analysis which was performed retrospectively on anonymized samples in accordance with the guidelines of the American Society of Human Genetics."